Washington State Department of
Labor & Industries

Ambulatory Surgery Center Fees

Field Key: Comma Delimited File

Effective for Dates of Service on or After

July 1, 2009

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AMBULATORY SURGERY CENTER CSV
FIELD KEY:

Field #	Column Title	Column Description	Column Values	Value Definitions
1	***CPT(c) HCPCS Code***	2009 CPT(R) or HCPCS code		2009 CPT(R)or HCPCS code
2	**July 1, 2009 ASC Payment Amount**	The maximum fee paid for the allowed service	Bundled	Bundled code, not separately payable. Certain bundled codes are required to pay for the payable service.
			Dollar amount	The maximum fee allowed
			Not covered	L&I does not cover this service
			UR, BR	This service requires Utillization Review approval and will be paid based upon the report generated.
	Multiple Proc Discount	Whether the service is subject to the multiple procedure discount.	N	Service is not subject to multiple procedure discount
			NA	Service is not applicable
			Y	Service is subject to multiple procedure discounting.